## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/5343/1

| CLAIMS AS FILED - PART I   |  |   |  |                                |                      |                               |                     |                     |                        |       |                            |                        |
|--|--|---|--|--------------------------------|----------------------|-------------------------------|---------------------|---------------------|------------------------|-------|----------------------------|------------------------|
|  |  | OLAMIS A                                  | (Column  |                                |                      | (Column 2)                    |                     | SMALL ENT           | TTY                    | OR    | OTHER<br>SMALL E           |                        |
| u.s  | S. NATIONAL S                                  | STAGE FEES                                |  |                                |                      |                               |                     | RATE                | FEE                    |       | RATE                       | FEE                    |
| BAS  | SIC FEE  |   | SMALL ENT.   | = \$ 150                       | LARG                 | SE ENT. = \$ 300              |                     | BASIC FEE           |                        | OR    | BASIC FEE                  | <i>90</i> 0            |
| EXA  | MINATION FE                                    | E   | Satisfies PCT Art<br>(4) = \$50/                     | /\$100                         |                      | her situations = 100 / \$ 200 |                     | EXAM. FEE           |                        |       | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$!<br>ALL other cour<br>\$ 200 / \$ 4 | intries =                      | 1                    | her situations = 250 / \$ 500 |                     | SEARCH FEE          |                        |       | SEARCH FEE                 | 4av                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | us 100 =                       | / 50 =               |                               |                     | X \$ 125 =          |                        |       | X \$ 250 =                 |                        |
| тот  | TAL CHARGEAE                                   | BLE CLAIMS                                | 8 minus 20 =   |                                |                      |                               |                     | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
| INDI   | EPENDENT CL                                    | AIMS                                      | / mi   | inus 3 =                       | *                    |                               |                     | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT  |                                |                      |                               |                     | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
| * If   | the difference                                 | in column 1 is I                          | , enter "C   | )" in co                       | lumn 2               | •                             | TOTAL               |                     | OR                     | TOTAL | 900                        |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |  |                                |                      |                               |                     | SMALL ENTITY        |                        |       | OTHER THAN<br>SMALL ENTITY |                        |
| NTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA              |                     | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus  | **                             |                      | =                             |                     | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
| AME  | Independent                                    | *   | Minus  | ***                            |                      | =                             |                     | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
| ī  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                      |                               |                     | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
|  |  |   |  | ' -                            | TOTAL ADDIT.<br>FEE  |                               | OR                  | TOTAL ADDIT.<br>FEE |                        |       |                            |                        |
|  |  | (Column 1)                                |  | (Colun                         | mn 2)                | (Column 3)                    |                     | -                   |                        |       |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA              |                     | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |                      | = .                           |                     | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
|  | independent                                    | *   | Minus  | ***                            |                      | =                             |                     | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                      |                               |                     | +\$ 180 =           | ,                      | OR    | + \$ 360 =                 |                        |
|  |  |   |  | TOTAL ADDIT.<br>FEE            |                      | OR                            | TOTAL ADDIT.<br>FEE |                     |                        |       |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |   |  |                                |                      |                               |                     |                     |                        |       |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.